

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or  
 List I.D. number: # 1360663  
 Date qualified as committee: 10 / 14 / 2013  
 (If applicable)  
 List I.D. number: # \_\_\_\_\_  
 Date of Termination: \_\_\_\_\_

Date Stamp: 2013 OCT 28 AM 9:43  
**CALIFORNIA FORM 410**  
 For Official Use Only  
 OFFICE OF THE CITY CLERK  
 CITY OF NEWPORT BEACH

**1. Committee Information**

NAME OF COMMITTEE  
**Mike Toerge for City Council 2014**  
 STREET ADDRESS (NO P.O. BOX)  
**3810 E. Coast Highway, Suite 4**  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**Corona Del Mar CA 92625 (714)742-8114**  
 MAILING ADDRESS (IF DIFFERENT)  
**360 E. 1st St., #736, Tustin, CA 92780**  
 FAX / E-MAIL ADDRESS  
**714-368-0261/phyllis@phyllisschneider.com**  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Orange Newport Beach**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Phyllis Schneider**  
 STREET ADDRESS (NO P.O. BOX)  
**12681 Bubbling Well Road**  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**Santa Ana CA 92705 (714)368-0260**  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-18-13 By Phyllis Schneider  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 10-22-13 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Mike Toerge for City Council 2014

I.D. NUMBER

1360663

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank, N.A.	AREA CODE/PHONE (714)665-1558	BANK ACCOUNT NUMBER 2173243896
ADDRESS 18356 Irvine Blvd.	CITY Tustin	STATE ZIP CODE CA 92780

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Mike Toerge	Newport Beach City Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

Mike Toerge for City Council 2014

I.D. NUMBER

1360663

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.